PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

K35 R 1883

CLAIMS AS FILED - PART I							:	SMALL ENTITY			OTHER THAN		
			(Column	1)	(Colu	mn 2)		TYPE [YPE		SMALL		
TOTAL CLAIMS			34				-	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			34 minus 20= *			1		X\$ 9=		OR	X\$18=	252	
INDEPENDENT CLAIMS			/ minus 3 = *					X43=		OR	X86=	7/	
MU	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT				+145=		OR	+290=	0		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			1	TOTAL		OR	TOTAL	1108		
CLAIMS AS AMENDED - PART II											OTHER		
		(Column 1)	(Column 2) (Column 3			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBER PREVIOUS PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*.	Minus	***		=	X43=	X43=		OR	X86=		
	FIRST PHESE	ENTATION OF MU	JUIPLE DEP	'ENDENT C	LAIM			+145=		OR	+290=		
							L	TOTAL			TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE		
Ė	<u></u>	(Column 1) CLAIMS	· ·	(Column HIGHES		(Column 3)) r	<u> </u>	ADDI	. ,		4501	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
							L	TOTAL		L	TOTAL		
		A	DDIT. FEE		OR	ADDIT. FEE							
(Column 1) (Column 2) (Column 3)								<u>-</u> -		_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBEF PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=		
ME	Independent	·	Minus	***		=		X43=			X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT				LAIM		-			OR			
* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3.								+145=		OR	+290=		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
		ber Previously Paid					r four	nd in the app	ropriate box	in coli	umn 1.		